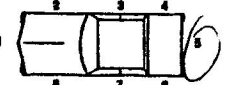
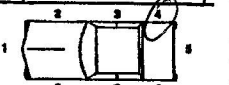


PRIVATE PROPERTY

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>16-3018</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE										LOCAL FILE NO
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>				DATE OF CRASH <b>2/16/81</b>		DAY <b>THURS</b>		TIME <b>15:24</b>						
CRASH OCCURRED ON <b>343 COLUMBUS AVE</b>				WITHIN THE INTERSECTION OF														
IF NOT IN INTERSECTION ____ MILES ____ FEET				N ____ W ____ S ____ E ____ OF				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE						
LOG-1		LOG-2		LOC		JUR		FH3		FILT								
A	UNIT NO	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON-CONTACT		INSURANCE CO OR AGENT		PROTECTIVE INC.				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>ISON, DARREN D.</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>711 FOUR SEASONS DR., MASON OH</b>														
PHONE NO <b>513-297-8008</b>		BIRTH DATE <b>2/16/76</b>		AGE <b>40</b>		SEX <b>M</b>		SOCIAL SECURITY NO		STATE <b>OH</b>		DRIVER'S LICENSE NO <b>RP 674209</b>		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>AERO EXPRESS INC</b>				ADDRESS <b>8096 TEMPERANCE WAY, WEST CHESTER</b>								PHONE <b>513-587-9956</b>						
VEH YR <b>2014</b>		MAKE <b>FREIGHTLINER</b>		MODEL		COLOR <b>WHT</b>		STYLE <b>TR</b>		STATE <b>OH</b>		LICENSE PLATE NO <b>PFH5390</b>		TOWING SERVICE		VEH PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE								
8		UNIT NO <b>2</b>		NO OF OCCUPANTS <b>1</b>		OPERATING		PARKED		DRIVERLESS HIT & RUN NON-CONTACT		INSURANCE CO OR AGENT		TRAVELERS				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>BRANDENBURG, GREGORY</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>442 DREXEL AVE, LEBANON, OH</b>														
PHONE NO <b>513-228-0973</b>		BIRTH DATE <b>8/2/65</b>		AGE <b>50</b>		SEX <b>M</b>		SOCIAL SECURITY NO		STATE <b>OH</b>		DRIVER'S LICENSE NO <b>RN105605</b>		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>SAME</b>				ADDRESS								PHONE						
VEH YR <b>2010</b>		MAKE <b>SEAT</b>		MODEL <b>CHEROKEE</b>		COLOR <b>GRN</b>		STYLE <b>45</b>		STATE <b>OH</b>		LICENSE PLATE NO <b>EDP 7422</b>		TOWING SERVICE		VEH PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE								
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